

**Case Management Client Satisfaction Survey**

Provider Name: \_\_\_\_\_

Please respond to the statements using the following scale:

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
1. The case management services were helpful for me or my child.	1	2	3	4
2. Case management helped me with the needs I feel are important.	1	2	3	4
3. I was given referrals by my case manager that helped me.	1	2	3	4
4. Case Management helped me access some needed medical services.	1	2	3	4
5. Using what I learned from my Case Manager, I believe I am more able to access medical services on my own.	1	2	3	4
6. Please give comments or suggestions for improving case management services.				

Printed Name (optional): \_\_\_\_\_

Signature (optional): \_\_\_\_\_

**Thank you for your help.****Please Return by:** \_\_\_\_\_